

In order to apply for the Waiting List, all of the 14 pages that follow must be attached for it to be a complete application.

The following 2 questions are requested by H.U.D. for stastical purposes. No one will be will be penaltalized for not answering them.

1. Is anyone in the household Hispanic? Yes No
 If yes, who? _____

2. Do you consider yourself to be (check all that apply): White Black or African American
 American Indian or Alaskan Native Asian Pacific Islander or Native Hawaiian

Declaration of U.S. Citizenship or Non-Citizen with Eligible Immigration Status
List below every person living within the household (PLEASE PRINT)

In accordance with the Department of Housing and Urban Development (HUD) every applicant/participant must complete the following for all family household members.

Birthplace	Gender	Age	Relationship	A	B	C
			Self-Head of Household			

- A: United States Citizen(s)
- B: Non-Citizen with eligible immigration status
- C: Non-Citizen without eligible immigration status

I declare under the penalty of perjury that I or we are giving true and accurate information on every member of our household concerning whether he or she is a U.S. citizen, noncitizen with eligible immigration status, or noncitizen without eligible immigration status.

WARNING! Title, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

 Signature Head of Household

 Date

 Signature of Spouse/Other Household Member age 18 +

 Date

 Signature of Other Household Member age 18 +

 Date

ALL CLIENTS 18 YEARS OR OLDER MUST FILL OUT INFORMATION BELOW

Print Name	Driver's license/State ID #	Issuing State	Date of Issue	Expiration Date

Criminal

Have you or any of your household members ever been CONVICTED of a FELONY or MISDEMEANOR? Yes No If yes, who? _____

Date of Conviction: _____

Location: _____

Offense: _____

Has anyone in your household been ARRESTED or CONVICTED for the use, manufacture, or distribution of controlled substances (drugs)? Yes No

If yes:

Who? _____

When? _____

For What? _____

Have you or any of your household members ever been CONVICTED of sale, distribution, and/or possession of illegal drugs? Yes No

If yes, who? _____

Where? _____

What was the date of conviction? _____

Does anyone in your household currently use a controlled or illegal drug? Yes No

If yes, explain: _____

Are you or any member of your household pending a court action for any type of offense?

Yes No If yes, where? _____

Has anyone in your household ever been convicted of a felony, misdemeanor, or arrest for violent activity? Yes No

If yes:

Who? _____

When? _____

For What? _____

Financial/Asset Information

Does anyone outside of your household pay for any of your bills or expenses?

Yes No

If yes:

Who? _____

When? _____

For What? _____

Do you or any household member currently own or have any interest in real estate, boat, and/or mobile home? Yes No

Do you currently own or have you sold any real estate in the last 2 years? Yes No

If yes, explain: _____

Do you own any stocks or bonds? Yes No If yes, explain: _____

Do you have a savings account? Yes No If yes, average balance \$ _____

Employment/Income Information

Family Member: _____

Income Type: _____ (i.e salary, child support, social security)

Start Date: _____

How often is income received? Please circle one: Y=Yearly; M=Monthly; W=Weekly; H=Hourly

Income Amount: \$ _____

If hourly: _____ Weeks per Year _____ Hours per Week \$ _____ Amount per Hour

Source/Company Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Position: _____

Family Member: _____

Income Type: _____ (i.e salary, child support, social security)

Start Date: _____

Income Amount: \$ _____

How often is income received? Please circle one: Y=Yearly; M=Monthly; W=Weekly; H=Hourly

If hourly: _____ Weeks per Year _____ Hours per Week \$ _____ Amount per Hour

Source/Company Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Position: _____

Family Member: _____
Income Type: _____ (i.e salary, child support, social security)
Start Date: _____
Income Amount: \$ _____
How often is income received? Please circle one: Y=Yearly; M=Monthly; W=Weekly; H=Hourly
If hourly: _____ Weeks per Year _____ Hours per Week \$ _____ Amount per Hour
Source/Company Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Position: _____

Previous Information

Previous Address: _____
City, State Zip: _____
Lived there from _____ to _____ # of Bedrooms _____
Rent: \$ _____

Previous Landlord: _____
Address: _____
City, State, Zip _____

Reason for Moving _____ About to be or without housing _____ Sub-Standard housing
_____ Other (Please specify) _____

Have you lived on subsidized housing before? _____ Yes _____ No
If yes:
Previous Housing Authority Name: _____
Address: _____
City, State, Zip _____

Are you currently receiving assistance under Davis Community Housing Authority Programs?
_____ Yes _____ No If yes, where? _____

Other

The following information will help DCHA determine your household needs, but it is not mandatory for you to answer these questions.

Is any household member Elderly (Age) Disabled (Y/N) If yes, who? _____

Does anyone require a reasonable accomodation? Yes No

What accomodations will be required? _____

Accessibility features requested?

Vision Wheelchair Hearing Physical

Status: Homeless Living with Friends Renting

The following information is required.

Is anyone an emancipated minor? Yes No

Is any member of your household a veteran? Yes No

If yes, who? _____

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction termination of assistance. I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Signature of Head of Household

Date

Signature of Spouse/Person age 18 +

Date

Signature of Other Household Member age 18 +

Date

Read and sign below.

Within a month, you will receive either a denial or a receipt letter from DCHA. If it is a receipt letter, it is for your records. Keep it as proof of your application date and the waiting lists for which you have applied.

When your name comes to the top of the list, DCHA will notify you by mail. If you have a mailing address change, you must notify DCHA as soon as possible in writing to avoid being removed from the list.

The notice must include all of the following from the Head of the Household:

- Name
- Social Security Number
- Current Date
- Old Address
- New Address
- Signature
- New Phone Number

Keep in mind that Davis Community Housing Authority has very long waiting lists.

I have read and understand the entire application, the wait time, and the mailing address policy.

Signature Head of Household

Date

Signature of Spouse/Other Household Member 18 +

Date

Signature of Other Household Member age 18 +

Date

EVERYONE OVER 18 YEARS OF AGE MUST SIGN THE FOLLOWING "DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS" FORM. ONE FORM PER PERSON.



**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing**

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p>This Notice was provided by the below-listed PHA:</p> <p style="text-align: center;">DAVIS COMMUNITY HOUSING AUTHORITY P.O. BOX 328 FARMINGTON, UTAH 84025</p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice</i>:</p>	
	<p>Signature</p> <p>Printed Name</p>	<p>Date</p>



**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing**

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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This Notice was provided by the below-listed PHA:

**DAVIS COMMUNITY HOUSING AUTHORITY
P.O. BOX 328
FARMINGTON, UTAH 84025**

I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:

Signature

Date

Printed Name

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



DECLARATION OF NO SOCIAL SECURITY NUMBER

The following information is needed in order to process information for rental assistance offered by HUD. This form is only needed for those who have never had a Social Security number.

By signature below, I declare that the named individual below has never been issued or assigned a Social Security number.

Name: _____

Date of Birth: _____

Place of Birth: _____
City, State, Country

Reason for not being issued a Social Security Number: _____

Signature _____

Date _____

Check here if signed by an adult for a child under the age of 18.

Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency as to any matter within its jurisdiction.
Davis Community Housing Authority complies with Section 504 of the Rehabilitation Act of 1973 in providing individuals equal access to services, program and activities the Housing Authority offers. Upon written request, the Housing Authority will provide reasonable accommodation to individuals with disabilities.
All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, disability or national origin in compliance with the Fair Housing Act. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hotline at 800-424-8590, or TDD at 800-424-8529.



APPLICANTS WILL BE NOTIFIED BY MAIL AS THEY NEAR THE TOP OF THE WAITING LIST. IT IS IMPERATIVE THAT WE HAVE A CURRENT MAILING ADDRESS AT ALL TIMES

Address changes must be done in writing. Notify DCHA of change of family income, number of family members who live with the applicant, or change your mind about wanting Housing Assistance.

Everyone age 18 and older must sign everywhere on application where signatures are required. Do not call more than once every 6 months after you have applied for the Waiting List to get your status on the list.

NON-DISCRIMINATION POLICY: Davis Community Housing Authority complies with Section 504 of the Rehabilitation Act of 1973 in providing individuals with a disability equal access to the services, programs, and activities the Housing Authority offers. Upon request, the Housing Authority will verify the need for and provide a reasonable accommodation to individuals with disabilities.

All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, disability, national origin, or source of income with compliance with the Fair Housing Act.

This form must be attached with the application. Do not detach this page from the application. All pages of the application must be attached when turned into DCHA for it to be a complete application. Only completed applications are accepted for processing.

DAVIS COMMUNITY HOUSING AUTHORITY SECTION 504 NOTICE

If you are disabled and need some assistance in completing this application or need an accommodation with the application process, please tell us.

DCHA has designated the following person to coordinate efforts to comply with this requirement.

Mary Swanstrom, Section 504 Coordinator, 801-939-9198
Utah Relay Service: 711

Davis Community Housing Authority
352 South 200 West #1
PO Box 328
Farmington, UT 84025

Office Hours: Monday-Thursday 7:30 am-6:00 pm



3/9/2011